A STATE OF THE STA	DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES DIVISION OF ENVIRONMENTAL HEALTH					
COVE		CHILD CARE FACILITY				
W. Sales	<u></u>	41.70		INSF	PECTION REPORT	
	<u>son</u>	1/	GRADE	Inspection Date:	ESTABLISHMENT NAME:	
Regular Follow-Up	+		6	3/3º/17 Time In/Out:	OWNER/OPERATOR:	
Complain				l r	MARIN MEERO CAMICLIC PRESCHOOL & KINDERCARIO	
Investigat			RATING	2:25 3:20 PM	LOCATION: Establishment Type:	
Other:			A	Sanitary Permit No.:	AGANA HEIGHTS CCC/NURSERY	
			()	20000-	PERMIT STATUS:ValidTemporaryExpired	
-	-	-	-	Female 26 Total	Child Care License: No.: 50073 / Valid / / Provisional / / Expired	
The following inspection	ollowii 1 or so	ng ite oner	as the Dep	artment indicates. Non	ay in the operations and facilities which must be corrected by the next n-compliance may result in downgrading or permit suspension. To appeal at the submitted before the indicated correction date.	
ITEM*					ARKS DEMERIT CORRECT BY	
	A-	- 12	PROUM		I WAS CONDICTED.	
	F				CONDICATED ON 12/15/16/0/A)	
	<u> </u>			(()	3,110,10,10	
		Tue	54	all to MP	-c	
		(FIE	_ Foce	TOMING WE	RE OBSERVED'.	
21			1			
21	N				DED.	
	Ho	ot	WATE	er stau B	SE PROVIDED PUR le 4/10/17	
	72	OP	er t	MOWASHING	G HYGIENE.	
	"A" PLACEPED # 02366 ISSUED.					
	BRIEFED AC ON THE ABOVE.					
			_			
i hav	e rea	ıd an	d understa	and the above violation	on(s) and I am aware of the corrective measures to be taken.	
*Note: When any of the following items are Received By (Name & Title):						
cited above, they shall be corrected within Sr Anotra Adey, MMB Adjustation						
10 days of this inspection: (2) (4) (6) (14) (21) (23) (24) (27) (28) (39) 8 (40)						
(2), (4), (6), (14), (21), (23), (24), (27), (28), (39) & (40). J-G4RCUA/ FPHO/ /J-CRUZ EPHO/						

Rev: 08/2/05 DEH-06